

IMPROVING SCHOOL HEALTH:

**A GUIDE TO
THE ROLE OF
THE SCHOOL
HEALTH
COORDINATOR**



A SERIES OF GUIDEBOOKS FOR VOLUNTEERS AND STAFF

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Introduction

Researchers estimate that if everything known about the prevention of cancer were applied, up to two-thirds of cancers would not occur. Research also tells us that healthy behavior is based not only on knowledge, but on values and skills developed early in life. It is these formative years that offer parents, the community, and institutions a valuable opportunity to influence the development of healthy behaviors in children. The health of our children now and for a lifetime will not depend primarily on spectacular medical breakthroughs, but rather on the lifestyle choices they make. If we can provide our children with the knowledge and skills they need to make healthy choices, we can dramatically reduce their risk of disease, injury, and premature death. The spiraling costs of health care will be reduced as well. It may even help improve economic productivity. These potential benefits of early intervention make it imperative to actively encourage our youth to adopt healthy lifestyles.

The American Cancer Society is committed to making sure that all our children acquire through quality health education the knowledge and skills they need to make healthy choices. We believe that cancer prevention and control education provided throughout the country as part of coordinated school health programs will significantly reduce the risk of cancer for all Americans now and in the years to come. To achieve this goal, the American Cancer Society is building awareness and support for school health in local communities around the country.

Critical to the support of any community-based school health program is adequate leadership. Having healthy children is more than a wish and a desire; it is an economic necessity that can only be realized when there is community vision, strong administrative leadership, and adequate staffing. School health programs as they exist today are often fragmented efforts by classroom teachers, school nurses, physical education teachers, and athletic coaches. In the absence of solid local policy, the content of school health education often reflects the interests of the individual educator.

A school health coordinator is central to a well coordinated school health program. The American Cancer Society, therefore, is working to build awareness about and support for school health coordinators throughout the country. This guidebook provides information about the role and function of the school health coordinator and offers strategies that will enable you to advocate for this kind of professional in your community.

The American Cancer Society and School Health Coordinators

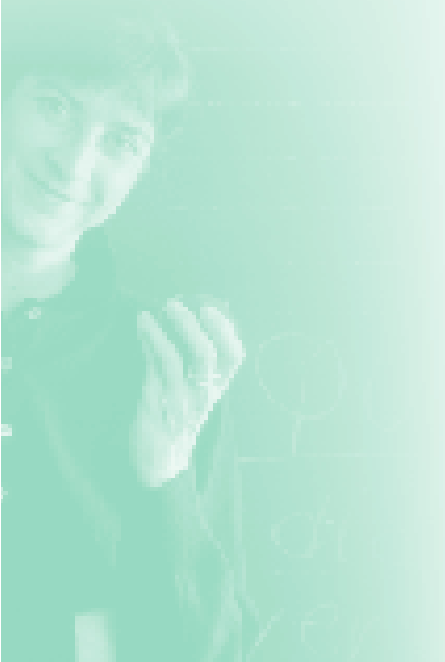
Results from the 1994 *School Health Policies and Programs Study* conducted by the Centers for Disease Control and Prevention, Division of Adolescent and School Health, indicate the need for qualified staff with responsibility for overseeing and coordinating school health programs. Currently, about 55% of school districts nationwide have a school health coordinator. While this number seems positive, there is tremendous variation in skill level and scope of responsibility. Due to a shortage of qualified personnel, the American Cancer Society recommends that the ACS "assume a primary role in advocating for policies and *resources* required to implement effective school health programs, including comprehensive school health education. The Society also should advocate for schools to employ adequately trained school health personnel." (1.11 of the ACS 1997 Blue Ribbon Advisory Group on Community Cancer Control)

What Is a School Health Coordinator?

In 1997, the American Cancer Society participated in the President's Summit for America's Future where commitments were made by hundreds of organizations and businesses on behalf of children and youth. In response to this call for action, the American Cancer Society committed to:

- advocating for a health coordinator staff position in each school district in the country; and
- developing strong health councils in all school districts in the United States that would link schools, communities, and youth for the purpose of improving the health of our children and encouraging healthy lifestyles for a lifetime.

Ideally, a school health coordinator is the professional at the district (or school) level who is responsible for the management and coordination of all school health policies, activities, and resources. This individual is responsible for program administration, implementation, and evaluation. While the successful implementation of an effective K-12 coordinated school health program depends on many individuals in the school district, the school health coordinator can make the difference between a fragmented, though well intended approach to school health, and a planned, coordinated, and effective program.



Why Advocate for a School Health Coordinator?

Children are one-third of our population and all of our future. Unfortunately, the current health behaviors of our young people do not bode well for their present health status or promise a bright future. Many of their behaviors can have staggering long-term consequences (tobacco and alcohol use, poor nutrition, sedentary lifestyles, unprotected sexual intercourse, and behaviors leading to intentional and unintentional injuries). In fact, heart disease and cancer, the two leading causes of death in this country, often result from habits that are established in youth.

Every school day approximately 47 million young people, or 17% of the US population, attend over 100,000 schools across the nation. Given the size and accessibility of the student population, school health programs could become one of the nation's most efficient ways to prevent many major health and social problems that confront our youth now and follow them into adulthood. To maximize the potential that exists in the school setting, priority must be given to school health planning and implementation as a community strategy to maintain and improve the health of young people. A school health coordinator is critical to that end.

The nation's leading health and education organizations have reached consensus on the direction needed to dramatically improve our children's health. Numerous reports have asserted that the coordination and management of the various components of a school health program deserve, even demand, the attention of a central person at the district level who has the authority for program administration, implementation, evaluation, and accountability.

By advocating for school health coordinators, the American Cancer Society promotes the connection between healthy children and healthy adults. As an organization that seeks to reduce both cancer incidence and mortality, we must seek strategies that can reduce risk and ultimately prevent cancer from occurring. Our own data suggest that more than 60% of cancers are directly related to choices that we make and how we live our lives. If we can educate children and youth when they are forming lifelong habits, we can change the course of this disease. Cancer risk reduction begins with school health.

School health is not a new concept for the American Cancer Society. For years we have provided cancer education resources to individual schools and teachers. But all of our resource promotion and placement efforts over the last few decades have not been enough to reduce the health risk behaviors that continue to affect the well-being of our country. Our efforts, like many others, have been fragmented and uncoordinated. Many classroom instruction resources exist today, but without

1997 Youth Risk Behavior Study

Results from the 1997 Youth Risk Behavior Surveillance Study conducted by the Centers for Disease Control–Division of Adolescent School Health (CDC-DASH) indicate that during the 30 days preceding the survey:

- 36.6% had ridden with a driver who had been drinking alcohol.
- 18.3% had carried a weapon.
- 50.8% had drunk alcohol.
- 36.4% had smoked cigarettes.
- 26.2% had used marijuana.

In addition:

- 19% reported to have rarely or never worn a seat belt.
- 7.7% had attempted suicide during the 12 months preceding the survey.
- 48% had ever had sexual intercourse and of those who were sexually active, 43.2% had not used a condom at last sexual intercourse.
- 70% had not eaten five or more servings of fruits and vegetables during the day preceding the survey.
- 33% of students nationwide had not regularly participated in vigorous physical activity.

Less than 3% of our nation's schools provide school health education that meets defined criteria for quality classroom instruction. The annual average number of hours spent on health education in US public schools is 13.8. At the secondary level, students receive an average of 9 minutes per day of health instruction. To begin to affect attitudes and practices, at least 45 to 50 hours are needed annually, with maximal learning and attitude/behavior changes occurring after about 60 hours of instruction in a given year.

proper planning and coordination, the desired outcomes related to student behavior are inconsistent, unmeasurable, and for the most part, unknown.

The American Cancer Society hopes to work with communities to bring about changes within local school districts to enhance what currently exists and better support the kinds of coordinated school health programs that are critical to the health of students. This kind of systemic change can begin with a school district's commitment to hiring a staff person dedicated to the position of school health coordinator.

A School Health Coordinator's Responsibilities

Many school districts have identified an individual to coordinate their health-related programs and activities. However, this individual may have multiple job responsibilities and may not necessarily be officially hired as the "school health coordinator." In addition, the professional credentials of these individuals can vary significantly. For example, the individual responsible for the coordination of school health may be an elementary educator, science educator, curriculum supervisor, building principal, or a health and physical education teacher. It may even be the school nurse who has been designated to plan and organize health programs. Regardless of the coordinator's professional preparation and job title, s/he should have the following responsibilities:

Assessment

- Assessing the local need for and status of health education, including current youth behavior data, state and district policies related to school health, district health priorities, and current school health practices.

Advocacy

- Articulating the importance of and gaining support for school health programs within the school and community. Act as a catalyst for coordination between school and community organizations and services that relate to the health of students.

Leadership

- Providing leadership for the school health program team to ensure a coordinated approach to the overall school health program. Ideally, this team should include a representative from all eight school health program components: health services (e.g., nurse), classroom instruction (e.g., health teacher), school environment (e.g., grounds administrator), physical education (e.g., instructor), counseling/student services (e.g., guidance counselor), staff wellness (e.g., teacher/administrator), nutrition services (e.g., food service director), and family and community involvement (e.g., PTA member).
- Providing leadership for community-represented school health council and facilitating community input in planning, review, and overall support of the school health program. The school health coordinator should ensure adequate representation on the council from all segments of the community, including business, religious, health care, government, health agencies, families, etc.

- 3 In its report on effective school health programs, the National School Boards Association (NSBA) highlighted the programs of approximately 25 exemplary districts—all of which designated a central person as program coordinator. NSBA's study suggests that an interested, dedicated, and well-trained individual can coordinate school health programs effectively, even working on a part-time basis.



In 1994, an Institute of Medicine (IOM) committee was convened to carry out a study of comprehensive school health programs (CSHPs) in grades K-12. Among the many recommendations that resulted from the study, the committee proposed "that at the school level, individual schools should establish a school health committee and appoint a school health coordinator to oversee the school health program."

Planning

- Planning effective school health instruction based on K-12 sequential model. Utilize the National Health Education Standards as program framework.

Fiscal management

- Identifying current school health-related funding streams and coordinating with school health program team to maximize usage, taking into account common and overlapping goals.

Training

- Planning for and providing access to school health professional preparation opportunities for teachers and other school personnel.

Resource identification

- Assisting with the identification, evaluation, and selection of state-of-the-art resources to support all segments of the school health program.

Evaluation

- Providing assistance in designing and evaluating the different components of the school health program.

The coordinator also should be responsible for ensuring timely development and implementation of the various program elements and for effectively unifying the components. S/he must be an enthusiastic supporter of coordinated school health programs, and be able to mobilize community members and resources. The coordinator should anticipate problems, offer appropriate solutions, and serve as a role model for students and staff. In essence the coordinator is the energetic and innovative force which drives the successful integration of classroom instruction, health services, food services, staff wellness, inservice training, student safety, and other essential elements of a quality school health program.



What Can the American Cancer Society Do to Support School Health Coordinators?

There are many ways American Cancer Society staff and volunteers can aid a school health coordinator, ranging from supporting school district staff responsible for school health programs to advocating for a school health coordinator position. The type of activities depends on the local needs and interests of the school and the community it serves. These are often identified through an assessment of current staff roles and elements of the current school health program.

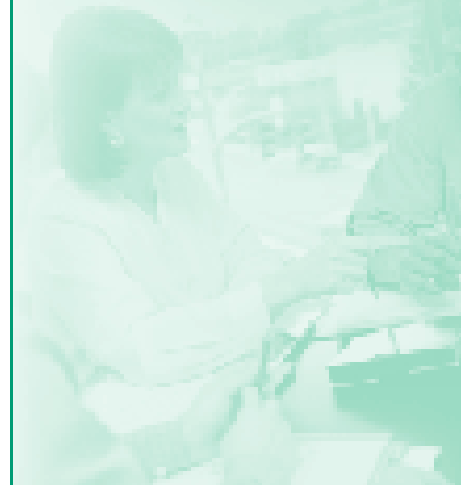
One strategy to identify local school health needs and interests is to informally interview the person responsible for school health at the school district level. If the district does not have a person identified as the school health coordinator, you may need to talk with the superintendent, a curriculum development specialist, a school nurse, or even a school principal in a smaller school district. Your interview with them can help determine:

- the scope of the existing school health program
- the priorities, as identified by the district
- the needs, as perceived by the person interviewed
- the amount of time s/he is able to devote to the coordination of school health activities
- the barriers (if any) to preventing effective coordination of school health activities
- the level of support and assistance for school health that exists within the district (measured by programs, activities, etc.)
- the strongest supporters of efforts to coordinate health programs in local schools
- the resources needed to support school health at the district level

The American Cancer Society can use information gathered in this type of interview to gain perspective on the current needs or gaps in the management and coordination of school health programs and activities. Common needs uncovered by the interview process may include:

- lack of planning time
- insufficient professional preparation in school health and school health education
- inadequate financial support for staff, training, and/or resources
- no perceived community support

- 3 Sample assessment worksheets have been created for your use and are an appendix to this guide. You can modify them to fit your state or local school community by changing, adding, or deleting questions as desired.



We see ourselves as a catalyst, as an enhancer, as one among many players, but we see a serious role to play. By promoting Comprehensive School Health education we will be doing our best to eliminate cancer as a major public health problem."

John R. Seffrin, PhD

*Chief Executive Officer
American Cancer Society*

The American Cancer Society can help!

In order to advocate effectively for improvements in local school health programs, the American Cancer Society needs to work in alliance with school health coordinators. ACS staff and volunteers should listen to and validate their needs and concerns. Some needs and concerns may not be of primary concern to the ACS, but they are nevertheless important to the school health coordinator. Discuss ways that the American Cancer Society can assist as a credible voice in support of the health of children and youth. Remember, as a community organization we are not "school health experts," but rather school health advocates. We can assist in connecting the experts to the schools if and when they are ready to receive help. The American Cancer Society cannot and should not impose a coordinated school health program on a school district; rather we must build support in the school and the community to demonstrate how a coordinated approach to school health can address health and academic needs within the community.



Strategies to Support a School Health Coordinator

Advocacy

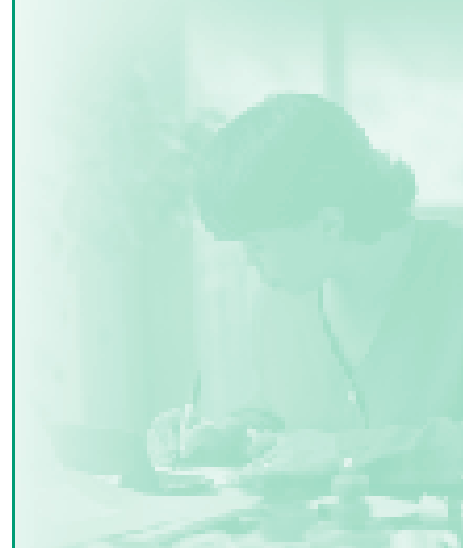
Your first advocacy effort should be to establish a working relationship with the school health coordinator. Ensure that s/he understands the importance of school health, the interest level and intent of the American Cancer Society, and ways you can work together toward a common goal. Listen to his/her needs or issues related to the job at hand. What are the biggest concerns? What are the barriers? With which of these can the ACS help? If there is no school health coordinator, identify the person who is responsible for any part of the school health program and begin there. Once you have a clear understanding of the district's needs, you may want to offer to:

- plan and conduct awareness campaigns for parents, business leaders, school boards, parent-teacher organizations, or school administrators, to heighten their awareness of the importance of and need for school health. Research and implementation of school health marketing campaigns already has occurred in a number of select Divisions across the country. Materials from these pilot projects will be packaged and available nationwide in the near future. Public awareness and market demand are what can ultimately change school systems to support a coordinated school health program. Refer to *Improving School Health: A Guide to Developing Targeted Awareness Campaigns*, ACS code #2030.02.
- assist with the development of a school health council if one does not already exist. Help identify and recruit school and community representatives committed to improving school health. Offer to host the first meeting! Show strong organizational support for the school health coordinator. Refer to *Improving School Health: A Guide To School Health Councils*, ACS Code #0217 for additional information.

Networking

One of the strengths of the American Cancer Society is our ability to network with other organizations, agencies, and individuals with whom we share common goals. As our involvement in school health has evolved over the years, ACS local, regional, and Division staff have identified and/or recruited school health professionals who can be valuable resources to school health coordinators. In many locations, ACS has strong links with staff from colleges, universities, and schools of public health. Their expertise, together with government and non-government agencies and organizations can lend great support to

- 3 Several Divisions have conducted surveys of existing school health coordinators to find common needs and concerns that were then used by ACS to identify strategies for support.
- 3 Host a breakfast or luncheon meeting and invite the school health coordinators in your area to attend. Talk to them about the ACS goals for school health and encourage them to share their work experiences.



The American Cancer Society discovered that if we are serious about reducing cancer morbidity and mortality, we must do more to advance the agenda for Comprehensive School Health education."

John R. Seffrin, PhD

*Chief Executive Officer
American Cancer Society*

One Division offered limited funding to school districts to build stronger school health councils and received more responses to their RFP than they ever expected!

Applicants were so eager, the staff and volunteers involved in the effort felt compelled to add to the original budget and fund them all!

One Division received a grant from a local health insurance company to conduct a training that linked ACS staff and school health volunteers with their respective school district personnel. New relationships were forged and initial plans were created to improve school health programs.

school districts. The American Cancer Society can facilitate the development of a network of support, depending on local need and availability of resources. We can support the school health coordinator by offering to:

- connect them with local or Division volunteers, university faculty, and/or public health educators for sharing resources and developing programs.
- identify individuals to serve as facilitators, trainers, or keynote speakers at school or community functions to increase support for school health.
- link university interns (where programs exist) with school health coordinators to provide assistance to the school health program. ACS can sponsor an intern in a particular school district to augment existing staff time devoted to program planning, implementation, and evaluation.
- invite school health coordinators to become participants on the American Cancer Society school health team or other community coalitions. Help create a network of support for local school health coordinators by connecting them to people and resources that can strengthen their current school health programs.

Fundraising

Often, a key barrier to improving school health programs is inadequate funding. While all school districts receive some federal funding to support specific components of school health (i.e., school food service, HIV/AIDS education, etc.), the level of local funding for school health programs varies tremendously. Lack of budgetary support can translate into little or no staff time devoted to coordination of the school health program, minimal teaching resources, possibly even outdated, and little or no training provided for educators who teach health. Once a need is identified, the ACS can offer to:

- secure funding through Division or corporate support, or pursue grants from public and private foundations to fully or partially fund a school health coordinator staff position.
- secure funding, perhaps through Division mini-grant opportunities, to support the development of local school health councils.
- secure funds for training school personnel to learn more about the importance of school health and the need for better staff coordination.
- secure funding or in-kind support from universities to support continuing education for educators responsible for classroom

instruction. Provide funding for substitute teachers so that classroom teachers can attend training.

- identify corporate or local foundation sponsors for local awareness campaigns.
- help locate funding for professional preparation of school health coordinators and/or teachers responsible for health instruction.

Conclusion

The success of a district's school health program depends on many factors. The value placed on the school health program by the community is certainly of primary importance. If support exists, improvements and changes recommended by the American Cancer Society and others representing the school health discipline can and will happen. The process that we strive to initiate and advocate for is one that will take time. Risky youth behaviors can be reduced if all segments of the community recognize the unique role that exists within their environments to impact youth. In this guidebook we have described how the school health program can be enhanced by a qualified school health coordinator. Such a professional can effectively manage and coordinate activities and programs that can instill in our children the knowledge and skills they need for a lifetime of good health.

The American Cancer Society's support of school health coordinators is a critical element in our school health efforts. By working locally to support improvements in the school system and the community it serves, we can contribute to changes that will have an impact on the quality and quantity of cancer prevention education directed at children and youth.

Be creative!

While Divisions have historically offered mini-grants to school districts for classroom instruction activities, you may want to redesign funding opportunities be more systems-oriented. Offer funding to augment district dollars devoted to support coordination time for staff coordinator. Funding can free up staff, pay for substitute teacher time, cover training costs, etc.

- 3 The American Cancer Society will sponsor a School Health Coordinator Leadership Institute which will begin in Atlanta in August 1999. The Institute will be a multi-year training effort that will provide in-depth preparation for coordinating school health programs. The Institute will focus on strengthening the communication and organizational skills needed to develop and maintain effective school health programs. It is planned that 50 candidates representing a variety of school districts from throughout the country will attend the first year. We hope that through this and other efforts directed at supporting the role of the school health coordinator, the American Cancer Society can have a long-term impact on the quality of school health programs.



District Level Assessment

Schools are organized by districts every state. Each school district is governed by its own school board (elected community members) and staffed by a superintendent. For the most part, school districts are very autonomous and how they interpret and/or carry out state requirements and regulations can vary significantly. Generally, each city, township, or borough is served by one school district. You will need to obtain the following information for each school district. To obtain school-district level information you may want to initiate a meeting with one or more of the following individuals:

School district name _____

Superintendent _____

Assistant superintendent _____

School board president _____

School board member _____

District level staff person responsible
for health curriculum oversight
(this might be the school health coordinator) _____

As an ACS staff person or volunteer, you will need to know the following:

How many school districts are there in your assigned area? _____

Does the district have a documented (written) plan, approved by the school board, for how it will implement the state school health requirements?

☐ Yes ☐ No

If yes, ask if a summary is available? (Many districts may have curriculum plans in large binders for all grades. Unless you have a lot of time, you don't want these!) Copy obtained?

☐ Yes ☐ No

Does the district have additional requirements for health education beyond what the state requires?

☐ Yes ☐ No

If yes, what are they? _____

When was the district plan written or last revised? _____

Are schools within the district required to implement the plan?

☐ Yes ☐ No

If no, find out why? _____

What mechanism is in place at the district level to ensure that individual schools within the district implement school health education policies? _____

Does the district require that students' achievement in health education be measured or assessed? By what methods? _____

Does the district have a health education requirement for graduation?

☐ **Yes** ☐ **No**

In recent years, has the local school board discussed or had any issues about school health education/programs come before them?

☐ **Yes** ☐ **No**

If yes, what were the issues and how were they resolved?

Date	Topic	Who initiated	Outcome
------	-------	---------------	---------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the district employ a school health coordinator?

☐ **Yes** ☐ **No**

If yes, who? _____

What are his/her major responsibilities? _____

If no, who provides oversight and direction for school health at the district level? _____

Is there a district level school health advisory council/committee?

☐ **Yes** ☐ **No**

How often does it meet? _____

Obtain a current roster of members.

☐ **Yes** ☐ **No**

Are various segments of the community represented?

<input type="checkbox"/> business	<input type="checkbox"/> parents	<input type="checkbox"/> clergy	<input type="checkbox"/> medical	<input type="checkbox"/> teachers
<input type="checkbox"/> school administrators		<input type="checkbox"/> students	<input type="checkbox"/> community organizations	
<input type="checkbox"/> other (describe)	_____			

What is the purpose of the council/committee? _____

What are the current issues that this group is considering? _____

Other school district level Information _____

School Level Assessment

Research conducted by the Centers for Disease Control and Prevention (CDC) indicates that although school health education policies may exist at the state or even the district levels, compliance within individual schools is not consistent. In fact, implementation of school health policies at the local school level is weak nationwide. Individual schools are led by principals and very often politically influenced by local PTAs/PTOs. This level is where community influence is greatest. You want to understand what is happening or not happening at the individual school level. After collecting this information, you will be better able to identify the level of health education that children are receiving in your community. You may want to talk with one or more of the following individuals:

Principal _____

Assistant principal _____

Health teacher (if applicable) _____

School nurse (if applicable) _____

PTA/PTO president _____

Interested parent _____

Interested physician _____

As an ACS staff person or volunteer, you will need to know the following:

How many individual schools are within the district?

Elementary_____

Middle_____

High school_____

For each school being assessed, gather the following information:

School name _____

Does the school implement the district and/or state requirements for health education?

☐ Yes ☐ No

Is there a hired or appointed school health coordinator?

☐ Yes ☐ No

Does a school health council exist to guide the school in carrying out the district/state plan?

☐ Yes ☐ No

What is the membership of the local school health council? Check all that apply:

☐ business

☐ parents

☐ clergy

☐ medical

☐ teachers

☐ school administrators

☐ community organizations

☐ other (describe) _____

What is the function of the council? (Obtain a copy of their mission statement, if there is one.)

How often does it meet? _____

Does the school have a PTA?

☐ **Yes** ☐ **No**

If yes, how many parents are members? _____

How many teachers are members? _____

Who are the most influential members of the PTA? _____

What are the activities of this school's PTA? _____

Has a school health education topic been discussed at a PTA meeting in recent years?

☐ **Yes** ☐ **No**

If yes:

Date	Topic	Who initiated	Outcome
-------------	--------------	----------------------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What school health activities has the school participated in that they would like to share?

Other school level information

Community Level Assessment

In every community, there are people and organizations that care about the health and health literacy of children and that may be involved or interested in the improvement of school health programs. As part of a complete assessment, it's important to identify key individuals who have shown an interest in school health. Identifying potential volunteers, spokespersons and community partners will be important to you. The following questions will provide insight into the community's support for school health. You'll want to talk with a number of the following:

Community name _____

Community organizations _____

Local pediatrician and/or family physician _____

University professor of health education or community health _____

Newspaper health editor _____

Civic organization _____

Public health representative _____

As an ACS staff person or volunteer, you will need to know the following:

What interests/goals do we share? Why are they interested? How can we help each other?

Does a community or regional school health coalition exist?

☐ Yes ☐ No

If yes, obtain current membership roster. Copy obtained?

☐ Yes ☐ No

If yes, who are the members?

☐ medical

☐ business

☐ school

☐ government

☐ clergy

☐ health

☐ university

☐ lay public

☐ other (describe)

Is ACS a member?

☐ Yes ☐ No

What purpose does the coalition serve? (Obtain a copy of their mission statement, if one exists.)

Coalition accomplishments to date?

Date

Activity

Outcome

What are the current initiatives of the coalition? Describe.

Has the community rallied around any recent youth health crisis?

☐ **Yes** ☐ **No**

If yes, describe the health issue(s) and the outcome(s).

In general, what kind of support have community members offered for youth health issues? Describe (e.g., editorials, attendance at town meetings, hearings, etc).

Have youth behavioral risk data been professionally researched in this community?

☐ **Yes** ☐ **No**

Has any market research been conducted or focus groups held to gauge community support or interest in school health programs or youth health issues?

☐ **Yes** ☐ **No**

If yes, who conducted the research? _____

If yes, obtain copies of results. Copies obtained?

☐ **Yes** ☐ **No**

Other community level information

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